



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/684,058		
Filing Date	October 10, 2003		
First Named Inventor	Zebunnissa RAMTOOLA		
Art Unit	1615		
Examiner Name	Humera N. Sheikh		
Mail Stop	Amendment	Attorney Docket Number	3100-0009

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> No fee due <input type="checkbox"/> Fee(s) due: \$ _____ <input type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17	<input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement & PTO-1449 Form(s) <input type="checkbox"/> Cited reference copy(ies) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - ___ Sheets <input type="checkbox"/> Compact Disk(s) - ___ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input checked="" type="checkbox"/> Other Enclosure(s) (see remarks): Claim Count <table><tr><td>Total Claims</td><td><input type="text"/></td><td>- 20 =</td><td><input type="text"/></td><td>Extra Claims</td><td>New Claim No.</td></tr><tr><td>Independent Claims</td><td><input type="text"/></td><td>- 3 =</td><td><input type="text"/></td><td></td><td></td></tr></table>	Total Claims	<input type="text"/>	- 20 =	<input type="text"/>	Extra Claims	New Claim No.	Independent Claims	<input type="text"/>	- 3 =	<input type="text"/>		
Total Claims	<input type="text"/>	- 20 =	<input type="text"/>	Extra Claims	New Claim No.									
Independent Claims	<input type="text"/>	- 3 =	<input type="text"/>											

REMARKS

1. Supplementary European Search Report

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Carol A. Schneider, Ph.D., J.D., Reg. No. 34,923 Reed Intellectual Property Law Group	Telephone	(650) 251-7700
Signature		Date	April 11, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Yesenia Garcia	
Signature		
	Date	April 11, 2006



Atty Dkt No. 3100-0009
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Zebunnissa RAMTOOLA et al.

Confirmation No.: 3244

Serial No.: 10/684,058

Group Art Unit: 1615

Filing Date: October 10, 2003

Examiner: Humera N. Sheikh

Title: GASTRO-RETENTIVE LEVODOPA DELIVERY FORM

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Supplemental Information Disclosure Statement submitted for the Examiner's consideration. Applicants respectfully request that the Examiner review and make of record the references identified below.

The references listed below were cited in a Supplementary European Search Report dated February 7, 2006, for the EPO application corresponding to the above-identified U.S. patent application. A copy of the pages of the Search Report listing the cited references is enclosed.

A PTO-1449 form listing the references accompanies this paper. Pursuant to 37 C.F.R. 1.98(c), reference AD is equivalent to and cumulative with cited reference DE 198 00 523 and is listed in its place. Similarly, reference AA is equivalent to cited reference GB 2 105 590 which was unavailable and is listed in its place. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Supplemental Information Disclosure Statement is not intended as a representation that additional information material to the examination of this application does not exist or that any of the above references constitutes prior art to the present application within the meaning of 35 USC § 102.

As applicants have not yet received a first Action on the merits, no fee is required for filing this Supplemental Information Disclosure Statement. If, for any reason, a fee is found to be necessary, charge it to our Deposit Account No. 18-0580.

Respectfully submitted,

By:


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Registration No. 34,923

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Substitute for form 1449A/PTO

INFORMATION DISCLOSURE
STATEMENT BY APPLICANT
(use as many sheets as necessary)

APR. 14 2006



Sheet 1 of 1

		Complete if Known		
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First Named Inventor		Zebunnissa RAMTOOLA		
Art Unit		1615		
Examiner Name		Humera N. Sheikh		
Attorney Docket Number		3100-0009		

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No.	Document No.	Issue Date or Publication Date	Name of Patentee or Applicant of Cited Document	Class	Subclass	Filing Date if Appropriate
	AA	4,424,235	1/3/84	Sheth et al.			
	AB	4,844,905	7/4/89	Ichikawa et al.			
	AC	5,532,274	7/2/96	Wenzel et al.			
	AD	6,290,989	9/18/01	Asmussen et al.			

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No.	Foreign Patent Document No.	Publication Date	Country	Class	Subclass	T

OTHER DOCUMENTS — NONPATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), Title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T

Examiner Signature	Date Considered
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.